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PTO/SB/01 (08-03)

Approved for use through 07/31/2008. OMB 0851-0032
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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

☐ Declaration Submitted With Initial Filing
 OR
☒ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	A-3906
First Named Inventor	Ulrich Barthold et al.
COMPLETE IF KNOWN	
Application Number	10/790,443
Filing Date	March 1, 2004
Art Unit	3682
Examiner Name	

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Device for Transporting Sheet-Shaped Materials

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) 03/01/2004 as United States Application Number or PCT International

Application Number 10/790,443 and was amended on (MM/DD/YYYY) (If applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
103 09 950.6	DE	03/07/2003	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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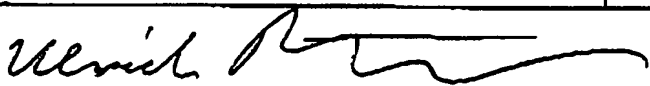
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DECLARATION — Utility or Design Patent Application

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Country	Telephone	Fax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) <div style="text-align: center;">Ulrich</div>		Family Name or Surname <div style="text-align: center;">Barthold</div>	
Inventor's Signature <div style="text-align: center;"></div>		Date <div style="text-align: center;">07.16.04</div>	
Residence: City <div style="text-align: center;">Hohengehren</div>	State	Country <div style="text-align: center;">Germany</div>	Citizenship <div style="text-align: center;">German</div>
Mailing Address Friedrich-Greinerstraße 14			
City <div style="text-align: center;">Hohengehren</div>	State	ZIP <div style="text-align: center;">73666</div>	Country <div style="text-align: center;">Germany</div>
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) <div style="text-align: center;">Andreas</div>		Family Name or Surname <div style="text-align: center;">Schweizer</div>	
Inventor's Signature		Date	
Residence: City <div style="text-align: center;">Bad Ditzbach Gosbach</div>	State	Country <div style="text-align: center;">Germany</div>	Citizenship <div style="text-align: center;">German</div>
Mailing Address Mühlwiesenstraße 6			
City <div style="text-align: center;">Bad Ditzbach Gosbach</div>	State	ZIP <div style="text-align: center;">73342</div>	Country <div style="text-align: center;">Germany</div>
<input type="checkbox"/> Additional inventors or a legal representative are being named on the _____ supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.			

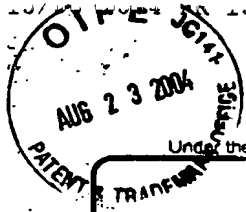


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Address			
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Country	Telephone	Fax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) <u>Ulrich</u>		Family Name or Surname <u>Barthold</u>	
Inventor's Signature			Date
Residence: City <u>Hohengehren</u>	State	Country <u>Germany</u>	Citizenship <u>German</u>
Mailing Address <u>Friedrich-Greiner Straße 14</u>			
City <u>Hohengehren</u>	State	ZIP <u>73666</u>	Country <u>Germany</u>
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) <u>Andreas</u>		Family Name or Surname <u>Schweizer</u>	
Inventor's Signature			Date
Residence: City <u>Bad Ditzbach Gosbach</u>	State	Country <u>Germany</u>	Citizenship <u>German</u>
Mailing Address <u>Mühlwiesenstraße 6</u> <u>Andreas Schweizer</u> <u>29.07.04</u>			
City <u>Bad Ditzbach Gosbach</u>	State	ZIP <u>73342</u>	Country <u>Germany</u>
<input type="checkbox"/> Additional inventors or a legal representative are being named on the _____ supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.			



DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet
Page <u>1</u> of <u>0</u>	

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Dieter		Wagner	
Inventor's Signature <i>Dieter Wagner</i>		Date 28.7.04	
Residence: City	Deggingen	State	Country Germany
Citizenship German			
Mailing Address Kaplaneigasse 5			
Mailing Address			
City	Deggingen	State	Zip 73326
Country Germany			
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	Country
Citizenship			
Mailing Address			
Mailing Address			
City		State	Zip
Country			
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	Country
Citizenship			
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Mailing Address			
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